

**AMERICAN GENERAL ASSURANCE COMPANY**  
**1000 East Woodfield Road, Schaumburg, Illinois 60173**

**Administrative Office: 2801 Devine Street Columbia, South Carolina 29205**

**DEPENDENT CHILDREN BENEFIT RIDER  
TO CERTIFICATE OF INSURANCE  
FOR CRITICAL ILLNESS**

This Rider is a part of the Certificate to which it is attached. We have issued this Rider to you because: (1) you paid the additional premium for this Rider; and (2) we relied on the Application you made. Unless amended by this Rider, Certificate Definitions, other Provisions and terms apply to this Rider.

**Effective Date** - If issued at the same time as the Certificate, this rider becomes effective when the Certificate becomes effective. If issued after the Certificate becomes effective, this Rider will have a later Effective Date, which will be shown in the Rider Schedule issued with this Rider. The insurance of a dependent will become effective on the rider date if such person is active on that date. Otherwise, the Effective Date will be deferred until the day following the date he or she becomes active.

**DEFINITIONS**

When the terms below are used in this Rider, the following definitions will apply:

<b>YOU, YOUR</b>	Means the person named in the Certificate Schedule.
<b>CHILDREN</b>	<p>Means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who:</p> <ul style="list-style-type: none"><li>• are unmarried;</li><li>• are chiefly dependent on you or your spouse for support;</li><li>• are living with you in a regular parent-child relationship; and</li><li>• are younger than age 19, or younger than age 25 if they are full-time students. The definition of "full-time student" will be based on the criteria of the learning institution at which the student is enrolled.</li></ul> <p>"Children" also includes dependent children, regardless of age, who:</p> <ul style="list-style-type: none"><li>• are mentally or physically handicapped;</li><li>• became or become handicapped prior to age 19; and</li><li>• cannot support themselves because of their handicap.</li></ul> <p>If your children are covered under this Rider, your children born or placed in your home after the Effective Date of this Rider will also be covered from the moment of live birth or placement. No notice or additional premium is required.</p>
<b>DEPENDENT</b>	Means your child or children, named in the Application for this Rider for whom a premium is paid.
<b>ACTIVE</b>	"Active" as used refers to a dependent who is not confined in a hospital and who is able to carry on regular activities customary of a person in good health of the same age and sex.

**TREATMENT**

Means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

**BENEFITS**

If a dependent child contracts a Specified Critical Illness while this Rider is in force, we will provide the benefits contained in the Certificate under the Benefits Section. The appropriate benefit amounts we will pay for the dependent are shown in the Dependent Children Benefit Schedule issued with this Rider.

**LIMITATIONS AND EXCLUSIONS****PRE-EXISTING  
CONDITION**

Pre-existing condition means a sickness or physical condition that, within the 12-month period prior to the Effective Date of this Rider resulted in the insured receiving medical advice or treatment.

Pre-existing conditions aren't covered unless the loss for such conditions begins more than 12 months after the Effective Date of coverage. Also, those medical conditions excluded from coverage by name or specific description when the loss begins, aren't covered.

**EXCLUSIONS**

We won't pay for loss due to:

1. Intentionally self inflicted injury or action.
2. Suicide or attempted suicide while sane or insane.
3. Illegal activities or participation in an illegal occupation.
4. War - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.
5. Substance Abuse.

**GENERAL PROVISIONS**

If your dependent child's coverage is terminated because of marriage or attainment of the limiting age, we will still pay benefits for any covered Specified Critical Illness THAT was diagnosed while the dependent was covered under this Rider.

**TIME LIMIT  
ON CERTAIN  
DEFENSES**

After two years from the Effective Date of coverage, no misstatements, except fraudulent misstatements, made by the Applicant in the Application shall be used to void the coverage or to deny a claim for confinement to a hospital for a covered Specified Critical Illness commencing after the expiration of such two-year period.

No claim for loss incurred after two years from the Effective Date of coverage shall be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.

## CONTRACT

This Rider is part of the Certificate, and will terminate when the Certificate terminates, or when premiums are no longer paid for this Rider.

This Rider is subject to all of the terms of the Certificate to which it is attached unless any such terms are inconsistent with the terms of this Rider.

Signed by the Company at our Home Office

A handwritten signature in black ink, appearing to read "James H. Weekly". The signature is written in a cursive style with a large, looping initial "J".

President

## **DEPENDENT BENEFIT SCHEDULE**

### **SPECIFIED CRITICAL ILLNESS**

Stroke  
Cancer  
Carcinoma in situ  
Kidney Failure  
Heart Attack  
Major Organ Transplant  
Coronary Artery Bypass Surgery

## DEPENDENT RIDER SCHEDULE

**Insured -XXXX**

**Effective Date -XXXX**

**Initial Premium -XXXX**

**First Renewal Date-XXXX**

**Group Policy Number -**

**XXXX**

**Rider Number -**

**XXXX**

**Certificate Number-**

**XXXX**

Benefits for Critical Illness - Dependent Rider Coverage  
(See Dependent Benefit Schedule)

### **BENEFIT**

### **CHILDREN**

Initial Maximum Benefit Amount:

XXXX

Lifetime Maximum Benefit under this rider:

XXXX